

MENTAL HEALTH UPDATE

January 16, 2008

PRINCIPLES OF RECOVERY

Recovery is personal. It is self-directed. While different for each individual, we strive to keep recovery principles at the forefront of our work. Each issue of the Mental Health Update will highlight a principle of recovery, based on SAMHSA's consensus statement.

Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. The recovery process must be self-directed by the person, who defines his or her own goals and designs a unique path towards those goals.

Individualized & Person Centered * Empowerment * Holistic * Non-Linear
Strengths-Based * Peer Support * Respect * Responsibility * Hope

UVM Department of Psychiatry Offers Series of Two Grand Rounds on Psychiatry and the Law

Advances in the biological sciences have dramatically improved our understanding of schizophrenia and other illnesses that produce psychosis. The UVM Psychiatry Grand Rounds series will, as part of its Public Psychiatry Track, present a pair of presentations over the next two weeks addressing the important nexus between psychiatry & the law.

On Friday, January 11th, Professor Oliver Goodenough, J.D. of the Vermont Law School will offer a presentation on "The Emerging Field of Law & Neuroscience: How the Law Assimilates Our Growing Understanding of the Brain". Professor Goodenough spoke to a movement in the legal profession that seeks to have the law be informed by the rapidly evolving body of scientific understanding of how the brain works.

On Friday, January 18th, Dr. Steven K Erickson, J.D., LL.M., Ph.D. of Yale University will present, "Cognition & Psychotropic Drugs During Legal Proceedings: Neuroscience & Pharmacological Aspects". Dr. Erickson will review the prevailing legal attitude of antipsychotic medications and contrast these views with prevailing scientific knowledge. He will discuss how legal opinion is misinformed about the effects of antipsychotic medications on cognition.

Both of these presentations will occur from 10:30-11:45 at the Davis Auditorium on the UVM Medical School Campus.

Mental Health Advocacy at the Statehouse – January 29

Vermonters will gather at the Statehouse for Mental Health Advocacy Day to meet and talk with their state Senators and Representatives about the system of care for adults and children facing mental health issues. Seven organizations are co-sponsoring the event:

- National Alliance for Mental Illness-Vermont
- National Association of Social Workers-Vermont
- Vermont Federation of Families for Children's Mental Health
- Vermont Psychiatric Survivors
- Vermont Vet-to-Vet
- Vermont Psychological Association
- Vermont Mental Health Counselors Association

This is a free and open forum for everyone who has an interest in mental health, whether through personal experience, as a friend or family member, from an educator's perspective, as an advocate for veterans, or working in the field of mental health. To learn more about the mental health issues before the Legislature, and share your concerns with lawmakers over coffee, bagels and muffins, go to the Statehouse cafeteria from 8:00 – 11:30 a.m. on Tuesday, January 29, 2008 and take part in Mental Health Advocacy Day. Members of the sponsoring organizations will hand out fact sheets and other information on the programs, services, and public policy agendas they support. Lawmakers will listen and talk directly to their constituents about mental health, a very important component of health care.

To find out who your legislators are, and make arrangements to meet them, consult the Vermont Legislature Web site www.leg.state.vt.us/legdir/legdir2.htm.

NOTE: If there is a *major* winter storm, call NAMI-VT 1-800-639-6480 the night before to check if the event is cancelled.

ADULT MENTAL HEALTH

Central Vermont Medical Center ECT Designation

On January 2, 2008 Michael Hartman, DMH Commissioner designated Central Vermont Medical Center (CVMC) to begin providing Electroconvulsive Therapy (ECT) treatment services. DMH is statutorily required to identify standards, designate and oversee the implementation of ECT in the state of Vermont. CVMC first approached DMH in August requesting that DMH conduct a review of its preparation for ECT services and authorize the hospital to begin providing ECT to patients who might benefit from this treatment. In September and October, CVMC prepared for its site visit using guidelines provided by DMH. In November, DMH staff reviewed the hospital's preparations, specifically reviewing policies and procedures, medical records, staff training and facility preparation. It was found that minimum standards, based on the American Psychiatric Association guidelines for ECT, were met at CVMC for this service. CVMC now joins Fletcher Allen Health Care and the Brattleboro Retreat as hospitals who provide ECT services. The Veterans Administration Hospital also provides ECT treatment, but is not subject to oversight by DMH given its federal oversight mechanisms.

Vermont Contributes to Revised Supported Employment Fidelity Scale

Vermont's Department of Mental Health contributed feedback to the final revision of the Supported Employment Fidelity Scale for the evidence-based practice of Supported Employment (SE). Dartmouth Psychiatric Research Center is leading this effort and has

received input from approximately 4 states in addition to Vermont. The SE fidelity scale is used to assess how closely an agency adheres to the main components of the evidence-based practice of Supported Employment. The Supported Employment Fidelity scale is the most researched and reliable scale of all the adult mental health evidence-based practices and has been used by Vermont's mental health centers for the last nine years.

Three Community Mental Health Centers (Clara Martin Center, Northeast Kingdom Human Services, and Lamoille County Mental Health) piloted a draft version of the revised scale. As a result of their willingness to participate in an assessment using the revised version, several minor changes have been added to the final scale. The final revised scale will be completed in the next few weeks. Northwest Counseling and Support Services will participate in a Supported Employment fidelity assessment using the final version of the SE fidelity scale at the end of January 2008. A revised manual for conducting a fidelity assessment is due to be completed soon. There is also a DVD with instructions and guidance on how to conduct a SE fidelity visit produced by the Johnson & Johnson – Dartmouth Community Mental Health Program. Several mental health agencies in Vermont are a part of this successful program.

For more information on Supported Employment or to request a SE fidelity assessment, please contact Laura Flint, Vermont Supported Employment Project Coordinator at (802) 652-2028 or Laura.Flint@Dartmouth.edu.

CHILDREN'S MENTAL HEALTH

Child Trauma Workgroup Update

The AHS Child Trauma Workgroup was formed in 2004 as a subcommittee of the AHS Trauma Cluster. The Child Trauma Workgroup (CTWG) currently functions with collaborative public/ private membership from AHS, Department of Mental Health, Department for Children and Families (Family Services Division and Early Childhood Division), Washington County Mental Health Services, HowardCenter, Northeastern Family Institute, Vermont Network Against Domestic and Sexual Violence, Vermont Adoption Consortium, Vermont Federation of Families for Children's Mental Health, New England Trauma Center, Laraway, consumers/ parents/ trauma survivors and the AHS Trauma Coordinator as chairperson. The goals of the CTWG are:

- to identify and prioritize unmet needs in the system of care for traumatized children and families;
- build capacity for the system of care for traumatized children;
- bring trauma-specific best practices to the practitioners in the system of care;
- share information about what's happening in Vermont and nationally in the field of trauma services;
- pursue funding opportunities to support the system of care for traumatized children and families.

Among other accomplishments this group sponsored a three-day conference on the ARC (Attachment, Self Regulation & Competency) model, presented by Dr. Margaret Blaustein and Kristine Kinniburgh, LICSW, in November and December 2006. The group also pursued but was not awarded a SAMHSA Community Treatment and Services Center grant in 2007 to implement the ARC model. The group is continuing to explore funding opportunities for this pilot project.

The group identified 4 broad areas for the CTWG to focus on in 2008:

1. Provider training in trauma;
2. Screening and Assessment
3. Grant funding to implement “ARC: A Framework for Intervention With Complexly Traumatized Youth”
4. ARC implementation – how can we move forward without (or until) funding.

Meetings are currently focused on discussing each of the four areas in depth to identify what exists, what are the gaps, and what plan of action to consider. Following these discussions, subcommittees will be formed on each of the four priority areas. The CTWG is continually welcoming consumers with lived experiences of trauma or their family and also other interested AHS staff, providers, and community partners to join the group. For more information, please contact AHS Trauma Coordinator, Sherry Burnette, at (802) 241-4576 or Department of Mental Health CTWG member, Laurel Omland, at 802-652-2037.

National Child Traumatic Stress Network Announces 2008 “Complex Trauma Speaker Series”

This is a very accessible and affordable opportunity for mental health staff, community partners, and even families to access *free* quality training from national leaders in trauma in children. The series is free of charge and open to the public. Presentations are accessible by telephone or over the web, and continuing education credits are available. For more information, to register and access presentation materials, visit online: www.NCTSN.org/complextrauma. This speaker series is sponsored by the NCTSN’s Complex Trauma Working Group. The website also has training archives of previous webcasts from the [NCTSN Culture and Trauma Speaker Series](#), [NCTSN Master Speaker Series](#), and [NCTSN Intervention Teleconference Miniseries](#).

The schedule of Speaker’s Series presentations can be viewed by clicking <http://healthvermont.gov/mh/training/training.aspx>. All presentations are held from 2:00 pm – 3:30 pm.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Forum Meeting

Please mark your calendar for The VISI Forum Meeting on February 8th at the Vermont Technical College’s Old Dorm Lounge. The meeting will be held from 9:30 am to 12:30 pm.

ASAM Training

VISI will be hosting an *ASAM training* conducted by Dr. Todd Mandell on January 18, 2008 at the Burlington State Office Complex at 108 Cherry St., Burlington Conference Room 2B from 10:00am—12:00 pm. This training is free but space is limited. Please RSVP to Patty Breneman pbrenem@vdh.state.vt.us or 652-2033.

About the ASAM Training

The American Society of Addiction Medicine’s Patient Placement Criteria-2 identifies six areas of clinical acuity that are cross-walked to the range of levels of care across the continuum. The dimensions take into account both substance

abuse and mental health disorders and can serve, not only as a way of determining level of care needs, but as a basis for case formulation and treatment planning.

The seminar will cover an overview of the ASAM PPC-2 criteria and its utilization as a placement tool as well as its use for case formulation and treatment planning.

Participants will be able to:

- Utilize the PPC-2 cross walks to identify level of care for patients
- Formulate a case and treatment plan using the ASAM Dimensions

VISI Consumer Resource Book

The VISI Consumer Resource Book will be sent out to VISI providers by January 20th. This book contains descriptions and links to websites where information and brochures for patients can be ordered. These resources can be used for your waiting areas and counseling rooms and/ or as patient handouts.

A VISI Tip.....

From time to time, staff from VISI will offer a tip about responding to or treating co-occurring substance abuse and mental illness conditions. Please look for these tips on improving practice.

When a person calls asking for information about services for people with co-occurring conditions:

I. Emphasize:

- We are glad that you called (A Welcoming Environment).
- There are services and support for people who are dealing with both mental health issues and addiction.
- We can help you:
 - We have a list of treatment services
 - We have the names of self help groups
 - Let them know if your agency has services
 - We have other community resources

II. Provide Concrete Information

- Ask the person requesting services: “Would you like the names, phone numbers, and contact names of any of these services or do you want to speak to someone here about our services?”

VISI Resources

Please check out the VISI website at <http://healthvermont.gov/mh/visi/index.aspx>

The co-occurring brochures for consumers are in. They are a great way to get basic information across to people in need of services.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 44 as of midnight Tuesday night. The average census for the past 45 days was 41.5.